



DIVISION OF TRAINING



HAZARDOUS MATERIAL OPERATIONS PRACTICAL SKILL EVALUATION CHECK SHEET

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|--|--|---------------------------------|-----------|---------------------|
| Student Name (Last, First, MI) | | Firefighter PSID Number | | |
| Drivers License Number | | County | | |
| Fire Department / Agency | | IDHS Course Number | | |
| Test Location | | Course Skill Number(s) Assigned | | |
| SKILL | PERFORMANCE OBJECTIVE | Date | Pass/Fail | Evaluator Signature |
| Perform Emergency Decontamination | NFPA 472, 2013, 5.4.1 | | | |
| Obtaining Information, Use of ERG & MSDS | NFPA 472, 2013; 5.4.1 | | | |
| Personal Protective Equipment | NFPA 472, 2013; 5.4.4 | | | |
| Perform defensive control functions, Absorption/Adsorption | NFPA 472, 2013; 6.6.4.1(3-a, b) | | | |
| Perform defensive control functions, Diking, Damming, Dilution, Diversion, Retention | NFPA 472, 2013; 6.6.4.1(3-c, d, e, f, g) | | | |
| Performing Defensive Control functions, Remote Valve Shut-off | NFPA 472, 2013; 6.6.4.1(3-h) | | | |
| Performing Defensive Control functions Vapor Dispersion | NFPA 472, 2013; 6.6.4.1(3-i) | | | |
| Performing Defensive Control Actions Vapor Suppression, Place a foam line in-service | NFPA 472, 2013; 6.6.4.1(1, 3-j) | | | |
| Performing Defensive Control Actions Vapor Suppression | NFPA 472, 2013; 6.6.4.1(1, 3-j) | | | |
| Communicating the status of Planned Response | NFPA 472, 2013; 5.5.2 (1,2) | | | |

This check off sheet is intended to be used as a record of a student's performance of each skill listed and its associated NFPA objective. This



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sheet will serve as the permanent record for the practical skills testing of the Hazardous Material Operations. This sheet should be used for the evaluation of the student; however, the Evaluator should refer to the Evaluator handbook, and NFPA standards for additional guidance on the proper completion of the demonstrated skill. REMEMBER: A skill may not be evaluated by the instructor who taught that skill. REPORT ANY ERRORS OR PROBLEMS TO THE IDHS CERTIFICATION SECTION 1-800-666-7784.

LEAD EVALUATOR CERTIFICATION OF SKILLS

I certify that the student identified on this form has successfully completed all practical skills listed. Falsification of this information may result in disciplinary action against the Instructor or Evaluator by the Board of Fire Fighter Personnel Standards and Education.

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|----------------------|--|----------------|--|
| Name | | Signature | |
| Certification Number | | Date Signed | |